

12-06-01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	D-2778/WOD
First Inventor	Krajewski, T. G. et al.
Title	ENHANCED TOUCH-SCREEN DISPLAY SYSTEM
Express Mail Label No.	ET320402868US

Only for new nonprovisional applications under 37 CFR 1.53(b)

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
 2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
 3. ☒ Specification [Total Pages (preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
 4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets - 5. ☒ Oath or Declaration [Total Pages - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information:

Examiner: _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☐ (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name	William O'Driscoll - 12-1				
Address	The Trane Company				
	3600 Pammel Creek Road				
City	La Crosse	State	WI	Zip Code	54601
Country	United States	Telephone	608-787-2538	Fax	787-3755

Name (Print/Type)	William O'Driscoll	Registration No. (Attorney/Agent)	33,294
Signature	<i>William O'Driscoll</i>	Date	10/19/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 4314.00

Complete if Known

Application Number

Filing Date

First Named Inventor

Krajewski, T. G. et al.

Examiner Name

Group Art Unit -

Attorney Docket No.

D-2778/WOD

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

20-1434

Deposit
Account
Name

The Trane Company

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee
Code (\$) Code (\$) Fee Description

Fee Paid

101	740	201	370	Utility filing fee	740.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$) 740.00

2. EXTRA CLAIM FEES

Total Claims 137 -20** = 117 X 18.00 = 2106
Independent Claims 20 -3** = 17 X 84.00 = 1428
Multiple Dependent =

Large Entity Small Entity

Fee Fee Fee Fee
Code (\$) Code (\$) Fee Description

103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 3534.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40.00

SUBMITTED BY

Name (Print/Type) William O'Driscoll

Registration No.
(Attorney/Agent)

33,294

Complete (if applicable)

Telephone 608-787-2538

Signature

William O'Driscoll

Date

10/19/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

Krajewski, T. G. et al.

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	Ind.						51	41				
2		1					52	41				
3		2					53	52				
4		2					54	48				
5		4					55	Ind.				
6		2					56	55				
7		1					57	56				
8		7					58	56				
9		8					59	56				
10		9					60	55				
11		10					61	60				
12		11					62	61				
13		12					63	62				
14		13					64	63				
15		2					65	64				
16		2					66	65				
17	Ind.						67	66				
18		17					68	56				
19		18					69	56				
20		18					70	Ind.				
21		20					71	70				
22		21					72	71				
23		22					73	71				
24		23					74	73				
25		23					75	74				
26		25					76	75				
27		25					77	75				
28		26					78	77				
29		17					79	77				
30		29					80	78				
31		30					81	70				
32		31					82	81				
33		32					83	82				
34		33					84	83				
35		33					85	84				
36		35					86	84				
37		36					87	86				
38		35					88	87				
39		37					89	86				
40	Ind.						90	88				
41		40					91	Ind.				
42		41					92	91				
43		42					93	91				
44		43					94	92				
45		43					95	91				
46		40					96	92				
47		41					97	92				
48		40					98	94				
49		41					99	92				
50		41					100	99				
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

100040544 in 10/10/04

D2778/WOD

PTO/SB/07 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

Krajewski, T. G. et al.

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
10 ¹		95					51					
10 ²	Ind.						52					
10 ³		102					53					
10 ⁴		103					54					
10 ⁵		104					55					
10 ⁶		104					56					
10 ⁷		104					57					
10 ⁸	Ind.						58					
10 ⁹		108					59					
11 ⁰		109					60					
11 ¹		110					61					
11 ²		110					62					
11 ³	Ind.						63					
11 ⁴		113					64					
11 ⁵	Ind.						65					
11 ⁶		115					66					
11 ⁷	Ind.						67					
11 ⁸		117					68					
11 ⁹		118					69					
12 ⁰	Ind.						70					
12 ¹		120					71					
12 ²	Ind.						72					
12 ³		117					73					
12 ⁴		118					74					
12 ⁵	Ind.						75					
12 ⁶		120					76					
12 ⁷	Ind.						77					
12 ⁸		117					78					
12 ⁹		118					79					
13 ⁰	Ind.						80					
13 ¹		120					81					
13 ²	Ind.						82					
13 ³	Ind.						83					
13 ⁴	Ind.						84					
13 ⁵		113					85					
13 ⁶	Ind.						86					
13 ⁷		115					87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	20						Total Indep					
Total Depend	117						Total Depend					
Total Claims	137						Total Claims					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FOR "450300"

PATENT

THOMAS G. KRAJEWSKI AND
JEFFREY J. DEGROOT

GROUP: UNKNOWN

EXAMINER: UNKNOWN

FOR: ENHANCED TOUCH-SCREEN DISPLAY
 SYSTEM

La Crosse, Wisconsin
October 19, 2001

UNDER 37 C.F.R. 1.10

Washington, D.C. 20231

Dear Sir:

I hereby certify that the attached "Patent Application" is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on October 19, 2001, and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. The number of the Express Mailing label is ET320402868US.

Respectfully Submitted,

William Thurst

William O'Driscoll
Registration No. 33,294

Telephone Number: (608) 787-2538